

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT JAMES MCGREGOR									
Full Name of Contributor Wholesale Beer & Wine Association of Ohio						Registration Number, if PAC CP127			
Street Address 37 W. Broad Street, Suite 710			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 1 2	D 3 0	Y 0 3	Amount 2,350.00	
Full Name of Contributor Cardinal Health, Inc. PAC						Registration Number, if PAC			
Street Address 7000 Cardinal Place			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Dublin		State O H	Zip Code 43017		M 1 2	D 3 0	Y 0 3	Amount 1,000.00	
Full Name of Contributor Oscar and Sandra Shepherd						Registration Number, if PAC			
Street Address 935 Lornaberry Lane			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43213		M 1 2	D 3 0	Y 0 3	Amount 100.00	
Full Name of Contributor Waste Management PAC						Registration Number, if PAC			
Street Address 601 Pennsylvania Ave. NW, Ste. 300 N			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Washington		State D C	Zip Code 20004		M 1 2	D 3 0	Y 0 3	Amount 150.00	
Full Name of Contributor First Energy Political Action Committee						Registration Number, if PAC C00140855			
Street Address 76 S. Main Street			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Akron		State O H	Zip Code 44308-1890		M 1 2	D 3 0	Y 0 3	Amount 1,000.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)